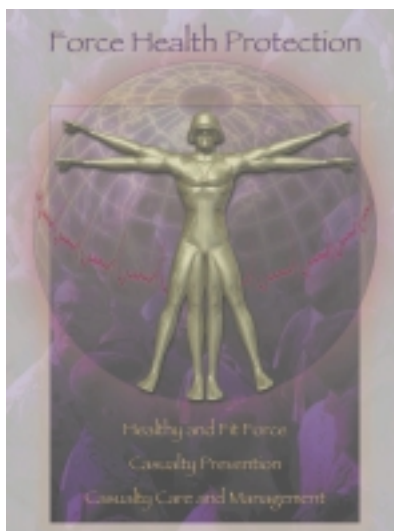


Section II

Force Health Protection



Force Health Protection (FHP) is the vision for the portfolio of programs that are needed to protect fighting forces. It is based on the concept of total life-cycle health support. The total life-cycle support concept embraces the challenge

to improve the health of servicemen and women from their first entrance into the military through their entire military service, including deployments. The FHP vision also recognizes that the most valuable and complex weapon systems in the U.S. military are its Soldiers, Sailors, Airmen, and Marines.

Force Health Protection doctrine describes three inter-related pillars—*healthy and fit force*, *casualty prevention*, and *casualty care and management*. It also outlines the infrastructure that must be in place to achieve the FHP objectives under each of the pillars.

A healthy and fit force must be main-

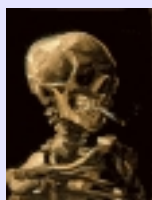
tained as a given status for military forces. This requires programs in the areas of disease and injury prevention, health promotion (including mental health), and occupational health. Some of the functions needed include physical training, family support, periodic health assessments and clinical preventive services. It also requires that service members and their families have ready access to the TRICARE health plan.

Casualty prevention is designed to counter two types of threats; those from environmental and occupational health hazards and threats posed directly by enemy actions. Environmental and occupational health hazards have consistently caused the greatest numbers of casualties in military operations. Casualty prevention programs target disease and non-battle injury (DNBI). Casualty prevention to counter threats from enemy action relies on efforts to reduce enemy capabilities before casualties occur.

While FHP is no longer centered just on medical care for ill or injured forces, casualty care and management programs must ensure the best medical capabilities are in place to treat DNBI and combat casualties. Casualty care involves a continuum for stabilizing casualties. The continuum spans from first response through a critical-care-capable evacuation system.

The FHP capstone document (<http://www.dtic.mil/jcs/j4/divisions/mrd/>) provides extensive detail for FHP activities. MHS FHP links are found at <http://www.tricare.osd.mil/readiness/forcehlth.html>.

Active Duty service members who are worldwide deployable do not typically manifest clinical symptoms of some of the common chronic diseases that result from



smoking. This is not to imply, however, that smoking is not a threat to military operations. Force Health Protection doctrine calls for a fit and healthy force and this means that health-risking behaviors must be addressed. This is critical to improving the resistance and resiliency of military troops. In the theater of operations, disease and non-battle injury (DNBI) causes more

casualties than does combat. Upper respiratory tract infections have been among the leading DNBI mission-impacting health events in all major military contingencies. Smoking is associated with an increased incidence of upper respiratory tract infections and with increases in lost duty days from many other illnesses.

Smoking can be a major health threat in the context of Force Health Protection programs. Commanders and medics must engage to prevent smoking initiation by troops and to help smokers quit. These should be mission-essential initiatives for unit readiness and for the health of servicemen and women.